FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1			ORGANIZATION					
		(See instructions)					Office use only	
1. NA	AME OF OMMITTEE (ii	n full)		(Check if name is changed)	Exa over	mple: If typying, type the lines	12FE4M	5
L	ITERNATIO	NAL SIG	N ASSOCI	ATION POLIT	ICAL AC	ION COMMITTEE A	KA SIGN F	PAC
سا								
ADDRE	ESS (number an	d street)	1001	N. Fairfax St.				
	(Check if addre	SS	Suite	301				
L i	is changed)		Alexa	ndria		шшш	LYA	22314 - 111
					CITY		STATE	ZIP CODE 📥
COMM	IITTEE'S E-MA	AIL ADDR		provide only one		ess)		
	(Check if address is changed)		habe	gg@wc-b.com	<b>1</b>			
COMM	IITTEE'S WEE	B PAGE A	DDRESS (UF	RL)				
	(Check if addre			signs.org				
i	is changed)							
0 -				V V V				
2. D	ATE 0	м / L	1 3 / Y	2 0 0 9 °				
3. <b>FE</b>	EC IDENTIFIC	ATION N	JMBER		C COO	387928		
4. IS	THIS STATE	MENT	NEW	(N) OR	X	AMENDED (A)		
I certify	that I have exar	nined this	Statement and	to the best of my k	nowledge ar	d belief it is true, correct ar	nd complete	
Type or	r Print Name o	f Treasure	er L	ori Anderson				
. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Signatu	ire of Treasure	er El <u>ec</u>	tronically Filed	lby <b>Lori And</b>	lerson		Date 0	4 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE:	Submission of t	alse, erron				he person signing this Stat		enalties of 2 U.S.C. S437g.
	Office					For further information		FEC FORM 1
	Use Only					Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	sion	(Revised 02/2009)